



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code			SC	Dent.	A	Contract Number 85-140 A-12			
County Department Arrowhead Regional Medical Center					Dept. Orgn.		Contractor's License No.			
County Department Contract Representative Mark H. Uffer, Director					Telephone (909) 580-6150		Total Contract Amount			
Contract Type <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:										
If not encumbered or revenue contract type, provide reason:										
Commodity Code			Contract Start Date		Contract End Date		Original Amount		Amendment Amount	
Fund EAD	Dept. MCR	Organization MCR	Appr. 200	Obj/Rev Source 2445		GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount		
Project Name				Estimated Payment Total by Fiscal Year						
				FY	Amount	I/D	FY	Amount	I/D	

CONTRACTOR Siemens Medical Solutions USA, Incorporated

Federal ID No. or Social Security No. _____

Contractor's Representative Robert B. Williams, Regional Vice President

Address 3010 Old Ranch Parkway, Suite 450, Seal Beach, CA 90740 Phone 562-596-4554

Nature of Contract: *(Briefly describe the general terms of the contract)*

This amendment is an early termination agreement, which terminates all existing agreements between the Medical Center and Siemens Medical Solutions USA, Incorporated, formerly Shared Medical Systems, Incorporated. This early termination agreement is necessary due to the installation of a new Hospital Information System, which is now fully operational.

THIS IS NOT A CONTRACT
THIS IS A COVER
TRANSMITTAL ONLY

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink) County Counsel	Reviewed as to Contract Compliance 	Presented to BOS for Signature Department Head
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Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database <input type="checkbox"/> FAS	
Input Date	Keyed By